Policy Research

WORKING PAPERS

Population, Health, and Nutrition

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Strengthening the Bank's Population Work in the Nineties

Steven W. Sinding

These recommendations for the nineties focus on changing Bank strategies, not Bank policy.

Policy Research

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This paper — a product of the Population, Health, and Nutrition Division, Population and Human Resources Department — is part of a larger effort to reinforce consensus within the Bank about the role of policy dialogue and population lending in the achievement of development objectives. Copies are available free from the World Bank, 1818 H Street NW, Washington DC 20433. Please contact Otilia Nadora, room S6-065, extension 31091 (34 pages). November 1991.

In this concise paper, written for Bank management, Sinding briefly reviews the rationale for Bank involvement in population work. He then establishes a conceptual framework for determining appropriate program approaches for reducing fertility. Finally he suggests ways to strengthen the Bank's approach to population analysis and program support in the 1990s. Sinding recommends revising Bank strategy, not Bank policy.

The rationale has shifted somewhat, but the Bank's long-standing concern for population and family planning remains compelling. The distinction between population and family planning is important because the skills needed to deal with the two are different. We now know that in most settings, family planning — while not a substitute for development — is the most cost-effective approach to reducing fertility. Bank support is particularly important in a critical set of countries (for which Sinding provides an analytical matrix). But in any country, access to family planning improves the lives of the poor in many ways.

Certain elements appear to be crucial to the success of Bank programs: government commitment to the program; Bank support of such "software" and recurrent costs as training, transport, management information systems, and contraceptive supplies; strengthening of existing institutions rather than development of new ones; involvement of private and nongovernment organizations in the delivery of services; effective monitoring and evaluation systems (of the latter, the Bank has done little to date).

Sinding draws two main conclusions from reviews of Bank performance: (1) no satisfactory indicators exist to evaluate Bank performance objectively, and (2) there is scope and opportunity for the Bank to build on recent advances to improve its efforts in population work. Sinding recommends the following:

Immediate

- Greater attention to analysis of population issues in appropriate country strategy papers and economic and sector work programs.
- Population action plans where analytical work demonstrates a need; consideration of establishing Population Coordinators in each region to monitor and help in analytical work and preparation of action plans; preparation of regional population overviews.
- High priority to population training for managers and lead and country economists as well as for technical staff.
- Explicit objectives for population impact in freestanding population projects and in population components of Population, Health and Nutrition projects; careful impact studies.

Longer term

- Bank leadership in donor coordination to increase flows and effective use of resources to population activities as part of overall efforts to implement the *World Development Report 1990* strategy for reducing poverty.
- Building a consensus for Bank loans to displace bilateral grants to large, more mature population and family planning programs, freeing up grant funds for newer programs that enjoy less secure political support.

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This paper was prepared by Steven W. Sinding, while he was the World Bank's Population Adviser. Nancy Birdsall contributed substantially to Section I, "Rationale for Bank Involvement in Population," on the basis of earlier writings. The Annex is based on work originally done by Anthony R. Measham and Timothy King. Carol Bradford provided extensive editorial assistance and Otilia M. Nadora typed the manuscript.

FOREWORD

World Bank work on population began two decades ago when popular literature caricatured the problem of rapid population growth with threats of famine and social decay. Thanks to analyses over the past decade, particularly those included in the *World Development Reports* of 1980, 1984, and 1990, our knowledge about how population dynamics and economic development interact has grown more specific and less apocalyptic. Population growth at rates above two percent per annum exacerbates the problems of development in the poorest countries by limiting poor families' chances to provide good health and education to their children. Moreover, birth spacing and fertility limitation can offer an antidote to poverty as they lessen the burden of childbearing on women and result in better nutrition and physical development for children. Experience with family planning programs, and the complementary efforts to enhance the role of women in the development process by offering them better education and work opportunities, demonstrates that governments can take actions that slow population growth and improve the prospects for development and poverty reduction.

It is within that context that Steven Sinding, Population Adviser at the World Bank from July 1990 through June 1991, prepared the accompanying analysis and recommendations aimed at strengthening the Bank's population and family planning work. The report was discussed at a meeting of the President's Council in June 1991; some of its recommendations are being implemented, and others are under review.

We were fortunate to have Steven Sinding with us for a year and to have his contribution to Bank work summarized here. He brought to the task twenty years of experience in the fields of population and international donor assistance, most recently, before joining the Bank, as USAID mission director in Kenya. He left the Bank to become the Director of Population Sciences at the Rockefeller Foundation, but his work continues to stimulate useful discussion within the Bank of how best to pursue its population and family planning objectives.

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INTRODUCTION

1. This paper argues that the Bank should give renewed priority to population matters and accelerate the current upward trend in lending for family planning programs in the 1990s. It is timely for two reasons. First, the need for Bank action in population will increase in the 1990s as a result of growing unmet demand for family planning and stagnant bilateral assistance levels. Second, there is evidence that the initial effects of the 1987 World Bank reorganization have been to strengthen the potential for population work by integrating it more fully with economic analysis and overall country programming, but some further adjustments would assure that the potential could be realized. As the largest and most influential international development organization, there is an important leadership role for the Bank in promoting population policy analysis and dialogue and in financing family planning programs.

2. As is noted in the Annex, which recounts the history of Bank involvement in population, and in Section II, a great deal has been learned about what works and what doesn't in the population field.[1] This institutional learning has been translated into considerable improvements in lending for population projects, particularly in recent years. A recent OED review cites several examples of countries -- Indonesia, Bangladesh, Kenya -- in which Bank population operations have improved markedly as the result of Bank project and program experience as well as experience gained through the efforts of others. The 1987 reorganization has created an environment where population can be much more effectively factored into the analytic work and the lending operations of the Bank -- and this is beginning to happen. At the same time, as Section II notes, global demand for population program resources is at an all-time high, and is growing rapidly. The Bank's resources are needed as never before. Finally, high fertility, both as a cause and as a consequence of poverty, has become a central issue in the Bank's heightened concern with the reduction of poverty and with the establishment of environmentally sustainable development. As the Bank gives greater attention to the longer-run development problems and the human development approaches that must be a part of any concerted effort to address them, population will certainly be among the fundamental issues that need to be addressed within both the Bank's policy dialogue and lending operations. For all these reasons, this is an opportune time to examine the Bank's strategy on this critical issue. Thus, this is a strategy paper -- a series of suggestions for improving existing Bank analysis and operations. It does not change existing policy.

3. The word "population," as used here, means population dynamics: specifically rates of change in human fertility, mortality, and migration. Population policies are purposive efforts to modify one or more of these variables, generally because of concerns that present rates are inimical to some other value or set of values (e.g., improvements in living standards, ability to defend the nation, loss of skilled workers). Over the last 25-30 years, many countries, including many developing countries, have officially adopted population policies, usually with specific objectives with respect to one or more of the demographic variables. In nearly all cases, these policies are intended to overcome a perceived imbalance between population changes and development goals and aspirations. In a few cases, these policies are pronatalist, as in France and the Soviet Union. In others, they are intended to promote temporary or permanent out-migration (India, Bangladesh) or internal redistribution (transmigration in Indonesia or efforts to stem the growth of primary cities). But the great majority of population policies in the second half of the 20th century are aimed at reducing the

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[1] A major "best practice" paper, "Improving Family Planning Effectiveness," which catalogues and evaluates what has been learned, is currently under preparation in PHR. It is intended both to strengthen policy dialogue by demonstrating to policymakers that demographic problems are tractable and to provide practical advice on program design and implementation to program administrators in developing countries, as well as to Bank staff. This paper draws on its preliminary results.

unprecedented rates of natural increase that have resulted from the steep declines in mortality that have characterized the post-war period, particularly in the developing world. These policies have thus called for reducing fertility, usually by means of a combination of family planning programs and the modification of other factors that directly (e.g., age at marriage) or indirectly (e.g., female education) affect the rate of reproduction and completed family size. As used in this paper, "family planning" programs refer to efforts to enable couples to determine the number and spacing of their children by providing them information on fertility regulation and contraceptive services.

4. While high fertility has been the primary stimulus to the establishment of family planning programs in some countries, in others family planning programs have been established for non-demographic reasons as well. Because the spacing and limiting of births have been demonstrated to improve the health and the survival chances of both mothers and children already born, many countries have included family planning in their maternal and child health programs. Because family planning helps women to determine whether and when they will bear children, it can provide them with alternatives to childbearing and motherhood. And, because family planning can help families to limit the number of children they bear, it can contribute importantly to efforts to invest in children and to increase per capita well-being. In fact, in the majority of developing countries today, family planning is seen as both a means of reducing high rates of population growth (the macro perspective) and of helping to improve the living conditions of individuals and families (the micro perspective).

5. The distinction between population and family planning is important because the skills needed to deal with each are quite different. The analysis of population-development interactions properly lies substantially within the macroeconomic policy analysis and design units. Such units need to examine the extent to which demographic factors are or are not in balance with other development objectives and, if not, what policy interventions are available to alter them. Such analysis is normally the province of economists, demographers and other social scientists. Family planning, on the other hand, is one among several public health program interventions. The design of family planning programs is primarily within the province of health professionals. Where family planning programs are determined to be required to alter demographic rates, the two groups need to work closely together. Often governments establish special population coordinating units to facilitate such cooperation.

6. In the early years of international population program assistance, up to the mid-1970s, donors (including the Bank) were criticized by scholars and by many developing country governments for placing too strong an emphasis on fertility control and on the supply side of controlling fertility, i.e., family planning services. They were accused by these same critics of not taking adequately into account the underlying factors that affect demand for children (and hence, for contraception), and they were urged to direct their attention to such critical underlying factors that affect desired family size as educational levels, especially of women; infant and young child mortality; land tenure patterns; and women's employment opportunities, especially outside the home. Bilateral donors and international agencies responded after the World Population Conference at Bucharest in 1974 and have, since that time, consistently defined population policies and programs in terms of mortality and migration, in addition to fertility, and in terms of social and economic policies and programs that influence demographic variables, other than family planning.

7. Unfortunately, there was little empirical information available in the years leading up to the Bucharest Conference on how couples, women in particular, would respond to the availability of low-cost contraceptive services. The intervening 15-plus years of experience have clearly demonstrated that the demand for such services is stronger than many had thought -- not only for purposes of limiting fertility but also because of the control that modern contraception gives women over the timing of births and, thus, many other aspects of their lives, including, perhaps most importantly, their own health and the health of their children. In

Section II of this paper, the extent of this demand is demonstrated and it is argued that in most settings, family planning, while not a substitute for development, is the most cost-effective approach to fertility reduction. Because of this, and because of the collateral benefits of family planning, this paper gives especially strong emphasis to family planning and to meeting the unmet demand for contraception, both by urging member governments -- recipients and donors -- to recognize and respond to the demand for such services and by helping to finance programs that supply contraceptive services. Through its primary health and education lending, in particular, the Bank is contributing to modifying the demand for children. The time is now right to focus a major effort on the supply side. The next two decades represent an historic opportunity for the World Bank to play a central role in: a) helping countries to define appropriate health and population policies, b) helping to define the resource requirements to implement those policies, and c) mobilizing resources, including Bank resources, to meet these needs in the most effective way possible.

8. The paper has three sections. It begins with a review of the rationale for Bank involvement in population. It then reviews the external environment and establishes a conceptual framework for determining appropriate program approaches to fertility reduction. The final section suggests how the Bank's own approach to population analysis and program support in the 1990s might be strengthened. The paper focuses on a few key issues and its intended audience is Bank management. Approaches to different regional and country situations are outlined, but specific strategies and work programs are not included as they are the responsibility of the Operations Complex.

I. RATIONALE FOR BANK INVOLVEMENT IN POPULATION[2]

9. The Bank began to discuss population issues systematically in the late 1960s, and made its first family planning loan in 1970. Despite a broad agreement among governments and most observers that population growth has generally negative consequences for many aspects of development, there is less agreement among development economists on the effects of rapid population growth on economic growth in developing countries. Under these circumstances, what is the rationale for the Bank to continue to be concerned with this issue?

The Macroeconomic Consequences of Rapid Population Growth

10. The assumption that rapid population growth is detrimental to economic growth prevailed in the mainstream development literature for much of the postwar period -- as long as lack of capital (and savings) coupled with surplus labor in agriculture were seen as the major constraints to economic growth. By the late 1970s, however, with attention shifting to the efficiency of resource use and policies to promote efficiency, the strength of this causal link began to be questioned. Analyses throughout the 1980s have been characterized as "revisionist" Malthusian: population growth is viewed as only one among several factors that slow development, and as a factor the effect of which, though negative, varies greatly in magnitude depending on setting and circumstance.[3]

11. The more recent view is of population change as the aggregate outcome of many individual decisions at the micro or family level, and thus as one aspect of a larger complex system. The micro or family-level decisions are made in response to signals provided by the larger system; these family decisions should be presumed to maximize not only individual welfare, but also social welfare, unless there are clear market failures. Among economists, differences on the negative effects of rapid population growth depend on differences about the pervasiveness and relevance of market failures. The report of the National Research Council of the National Academy of Sciences (1986), for example, while noting the ability of the market and institutions to adjust, also emphasizes that in many developing countries, institutional and market problems are pervasive and the process may be slow.[4] The World Bank *World Development Report* (1984) emphasizes the market and institutional failures. It notes, for example, the effects of rapid population growth and high fertility on the "congestion" of government services such as health and education services, which for other reasons, tend to be subsidized; and the effects of rapid population growth in settings where property rights are poorly defined.

12. So the long debate over population growth and development appears to be entering a new phase. The emphasis is now on the interaction of rapid population growth with market and institutional failures in

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[2] This section draws heavily on N. Birdsall, "Economic Analysis of Rapid Population Growth," *Research Observer*, January 1989.

[3] See for example Kelley, 1988.

[4] The National Academy of Sciences (NAS) report concludes that rapid population growth does have some negative effect on economic growth in developing countries. But it also notes that these effects, based on the extremely limited evidence available, vary greatly among countries. The principal conclusion of the NAS report is that the state of evidence on the consequences of rapid population growth is poor.

particular settings. In Bangladesh, per capita income is low; population growth rates, while declining, remain high; and people accept high physical risks in order to make a living in cyclone-prone areas, as the death toll of over 100,000 from the cyclone of April 1991 dramatically illustrates. In this setting, it seems probable that the social costs of children exceed their private costs, and that high fertility is slowing development progress. In the African Sahel, where the rules regarding access to common property rights seem to be breaking down (at least in part due to rapid population growth), and weak governments have not succeeded in imposing new more formal institutional and legal arrangements, continued rapid population growth can only exacerbate the resulting set of problems. Wherever populations are highly dependent on natural resources, opportunities for migration are limited, and policies favoring capital have reduced the returns to labor, rapid population growth is problematic. In many countries, as for example the Philippines, Indonesia and Nepal, population pressures on natural resources are producing major environmental deterioration.

13. Thus the issue of population growth needs to be addressed urgently in some countries, but less so in others. Prudence suggests that Bank staff be alert to the potential negative effects of rapid population growth in a set of key countries, and be equipped to discuss the population issue with policymakers in those countries. In virtually all of Africa (including North Africa), much of South and Southeast Asia, the Middle East, and certain parts of Central and South America (e.g., El Salvador, Nicaragua, Peru, Bolivia), the high potential costs of continuing rapid population growth, relative to the low costs of efforts to reduce that growth (as discussed below), suggest that Bank staff should urge upon policymakers a precautionary principle: steps to reduce fertility appear, from a macroeconomic perspective, to be advisable. This is especially true if one considers that, in may countries, what is done today will strongly influence population size 50 years from now. A delay of even a decade in starting fertility decline in some rapidly growing countries could mean that they will have to deal with a population a third bigger than they would otherwise have by mid-century.

14. Moreover, the Bank, in virtually all of its policy statements on population, has emphasized not just, or even primarily, the effects of rapid population growth on economic growth. A major emphasis has been on the effects of large families on the poor, and particularly on poor women and children.[5] These negative effects are pervasive even in countries, including much of Latin America, where significantly negative macroeconomic consequences of population growth are not obvious.

15. The negative effects of high fertility in poor households are in part associated with unwanted fertility. Survey data clearly show high rates of unwanted fertility throughout the developing world. A good example of evidence that unwanted births reduce parental investments in children comes from a study of twins in rural India; for families in which the most recent birth was of twins, implying some element of unwanted fertility, the children were significantly less likely to be in school. But even where fertility is wanted, in the sense that couples had access to but did not use contraceptives, many and closely-spaced births are associated, for example, with higher maternal and infant mortality, with reduced expenditures per child on schooling, and so on.[6]

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[5] The Bank has also emphasized the potential negative effect of high fertility on the distribution of income, where at least the theory linking rapid population growth to greater income inequality is straightforward; unless there is perfect substitutability among factors in production, increases in the supply of unskilled labor relative to other factors will reduce the return to unskilled labor relative to other factors.

[6] See, for example, Knodel, *et al* (1990).

The Role of Government

16. The effects on the poor of their own high fertility, and the fact that there is unwanted fertility, particularly among the poor in developing countries, have provided a critical justification for public policy attention to family planning. In the 1984 WDR, the Bank defended public intervention to reduce fertility on two grounds: the possible gap between private and social costs of children; and the failure of markets in the family planning area. The second justification for public policy concern was also emphasized in the National Academy of Sciences report. Information about fertility control is not fully marketable; for example, there is no opportunity for profit from informing people about such means of contraception as rhythm and withdrawal. There are also likely failures in the markets for contraceptive services; for example, where the demand for modern private health care is limited, e.g., in the rural areas of many developing countries, the private sector will not provide such contraceptive methods as the pill and the intrauterine device, since these are jointly produced with medical services. Or the pill, for example, will be provided privately through pharmacies, but without attention to safety and follow-up.

17. The Bank has for these reasons -- the effects of high fertility on poor women and children, and the poor markets for contraceptive services in developing countries -- put heavy emphasis on the logic of public support for family planning programs. The potential for access to family planning to improve women's welfare by increasing their control over their own fate has also been increasingly emphasized; such an improvement could have implications for aggregate growth, as well if it were to generate new externalities in terms of women's development of their own human capital and that of their female children.

Conclusion

18. While the rationale has shifted somewhat over time, the Bank's long-standing concern for population and family planning remains compelling.

- In a critical set of countries, where population growth is rapid, per capita income is low, and institutional, market, and policy failures are clear, rapid population growth adds to the constraints inhibiting economic growth and limiting the government's ability to promote human development. In these countries (probably including much of Africa, the poor countries of the Middle East and south Asia and some countries of South and Central America) continuing, and in some cases renewed, attention by the Bank to population issues is clearly warranted. In other countries, where there is more room for debate about whether rapid population growth is a small or a serious problem, prudence still suggests strong attention; this applies all the more when there are likely negative environmental effects that will be very costly, if not impossible, to rectify. The nature and content of the Bank's dialogue on population issues in these countries needs to be attuned to their particular needs and circumstances.

- In almost all countries, irrespective of the magnitude of the "population" problem, the potential is considerable for improving the lives of the poor directly by increasing their access to family planning, thereby reducing their own high fertility and improving the lives of their children. In all these countries, the nature and content of the Bank's dialogue on population and family planning policy, and its advice and lending for family planning programs, needs to be attuned to the particular problems they face. These vary greatly, from limited access to family planning in rural areas because health infrastructure is lacking (in much of Africa); regulatory barriers to the use of low-cost paramedicals to deliver simple

family planning services (in parts of Africa and South Asia); an extensive but poorly regulated private market with high costs to the health of poor women (in Brazil); limited access to methods the poor may benefit from, including sterilization; overemphasis in public programs on one method, such as sterilization in parts of South Asia and abortion in Eastern Europe; high welfare and economic costs of illegal abortion; poor quality of public services; etc.

II. RESOURCES AND THE DEMAND FOR FAMILY PLANNING

19. Profound changes in governments' commitment to fertility reduction have brought a significant turnaround in the relationship between the amount of donor resources available to support population policies and family planning programs and the demand for those resources from governments. Between the mid-1960s and the late 1970s, donor commitment to fertility reduction programs exceeded considerably that of governments in the less developed world. Up to the mid-1970s, only a few governments, mostly in Asia, had mounted significant programs to reduce population growth rates. Because many governments were reluctant to develop population policies and/or to mount family planning programs, donor funds often supported health programs that were deemed important to the eventual delivery of family planning services (e.g., interventions to lower infant mortality and programs to expand rural clinical facilities) and private programs that represented innovative approaches to the delivery of family planning services.

20. After the Bucharest Conference, many more countries began to adopt policies to reduce population growth or, in some cases, simply to provide family planning services so that "couples may determine the number and spacing of the children they desire," to quote from the Bucharest final resolution. By 1985, 70 governments, representing 95 percent of the developing world's population, had adopted policies that either explicitly called for fertility reduction or offered family planning services as part of the broader system of social services. Simultaneously, the pace of development in many poor countries meant that incomes were rising, literacy rates were improving, infant mortality was declining, and the role and status of women were improving, so that the demand for children was rapidly declining and the demand for family planning services was increasing. While it is difficult to chart these changes precisely, it is generally acknowledged by experts in the field that the demand for resources to support population and family planning programs began to exceed the grant funds available from the major donors in the field (USAID and UNFPA, principally) by the early 1980s. Grant funds also began to plateau at this time, a situation that prevailed through the decade. By the end of the 1980s, it was estimated by UNFPA (van Arendonk, 1990) that around $550 million per year (including $125 million in IBRD loans and IDA credits) was being contributed by donors to the $4.5 billion being spent on these programs from all sources, including developing country governments and individual users of the services.

21. The demand for resources in the future is expected to continue to grow markedly for several reasons. First, countries are continuing to adopt, or to strengthen, existing population and/or family planning policies, particularly in Sub-Saharan Africa. Second, the demand by individual couples to control their fertility is growing rapidly, according to the Demographic and Health Surveys (DHS), as social and economic changes occur and as familiarity with the concepts of limiting and spacing births spreads. As programs directed at improving these social and economic conditions, and at poverty reduction generally, proceed and succeed, the demand for family planning services will continue to escalate. Even today, according to DHS estimates, there are 300 million women in the developing world who say they want no more children or wish to space the next birth, who are not currently practicing family planning. In an analysis that was prepared for the donors late last year, Bongaarts, Mauldin and Phillips (1990) estimate that 21 percent of current fertility in developing countries is unwanted; this supports the argument of unsatisfied demand and the case for significant increases in funding for programs that will satisfy it.

22. There have been several efforts to estimate future costs of family planning programs (see references). In one widely accepted analysis, the UNFPA estimates annual costs at $9 billion per year by the year 2000. In many countries, private payments have replaced government and/or donor subsidies as contraceptive prevalence has increased (e.g., Thailand, Mexico, Indonesia, Brazil). While this trend will undoubtedly

prevalence has increased (e.g., Thailand, Mexico, Indonesia, Brazil). While this trend will undoubtedly continue and even accelerate in countries where contraception is already well established, free or subsidized contraceptive services will continue to be required in countries which are at early stages of program development and/or where a substantial proportion of the population continues to live in poverty. Thus, no matter which basis one chooses for estimating future funding requirements, even assuming substantial increases in private demand and financing of contraception, it appears certain that large increases in donor financing, alongside even more substantial increases in the amounts budgeted by the countries themselves, will be required.

23. This growing unmet demand for family planning services in the face of relatively stagnant levels of external assistance means that many countries are seeking, and will likely increasingly seek, additional resources. In response, the Bank will have an opportunity to expand its support in many countries where it currently has PHN activities and extend it to other countries where such support has not been provided to date -- a topic that is addressed in greater detail in Section III below. In developing strategies for expanded Bank involvement in the population field, it is helpful to think in terms of a typology of countries, based on two broad factors: a) the "social setting" within which population programs operate; and b) the country's political commitment to fertility regulation and its capacity to deliver services -- what Lapham and Mauldin (1985) term "program effort." The "social setting" is a term that is meant to describe the conditions that are generally known to have the strongest indirect influence on fertility behavior -- particularly the role and status of women, including female education and employment outside the home, infant and young child mortality, and the distribution of access to economic opportunity (e.g., employment and services) -- or equity. Generally, the better a country's record on these social indicators, the more favorable the social setting will be in terms of couples' desire to limit family size, and hence, the demand for family planning services.[7] In many cases, this demand is confirmed by demographic and household surveys.

24. Program effort is more difficult to define, at least in quantitative terms. It is meant to characterize the will of the political leadership to moderate population growth rates and/or to provide contraceptive services. But the concept also includes a judgment about the country's ability to deliver those services effectively. While political will and administrative capacity are admittedly not the same thing, they are more often than not closely linked and, for purposes of the typology, can be combined in a single indicator. It has been pointed out that where political will outstrips the capacity to effectively deliver services, there is the danger that impatient political authorities will attempt to short-cut the administrative difficulties by turning to coercive measures or ethically objectionable incentives schemes. In the vast majority of cases, however, political will has led to the strengthening of administrative capacity -- hence the appropriateness of treating them together.

25. This conceptual framework can be presented as a four-fold matrix (the number of cells is arbitrary and can be expanded to create a more discriminating typology if desired since, in fact, each dimension is a continuum) which can be used to categorize countries (or regions within countries), as follows:

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[7]The issue of differentials in contraceptive use is the subject of a PHRHN-sponsored study, "Impediments to Contraceptive Use and Fertility Decline in Different Environments," which is currently underway, and is scheduled for completion in 1992.

SOCIAL SETTING	PROGRAM EFFORT: Stronger	PROGRAM EFFORT: Weaker
More favorable	A	B
Less favorable	C	D

26. Type A countries are those in which both factors are favorable and in which broad and substantial support for family planning programs is warranted. The government is committed and relatively capable of delivering services, and the social setting suggests a strong predisposition on the part of couples to limit family size and to space births. Surveys generally show average desired family sizes of fewer than four children. In such countries, governments should be encouraged to adopt policies which provide incentives to the private sector to meet the rising demand for contraception. Policies such as elimination of duties and tariffs on contraceptives and permitting commercial firms to market resupply methods (pills, condoms) are but two examples of how governments can meet expanding demand by providing incentives to the private sector rather than by expanding public service delivery systems. Examples of countries in this category are China, Thailand, S. Korea, Sri Lanka, parts of south India (e.g., Kerala), Indonesia, Tunisia, and Mexico. Much of East Asia falls into this category, as do a few Latin American countries.

27. Type B countries are those in which the development indicators (and often survey data) suggest a strong interest on the part of couples to limit fertility, with desired family sizes being comparable with Type A countries, but where government lacks the will (and perhaps, but usually not, the ability) to effectively deliver services. Since such countries generally have relatively high living standards, resulting in part from effective public sector performance in some social service areas (e.g., education and health services), it is normally lack of will rather than lack of capability that explains the relative absence of public sector activity in the population field. Often the reason for lack of government commitment is concern about alienating politically powerful groups, such as religious organizations or ethnic minorities. In such cases, the private sector is the obvious channel for responding to the desire of couples to control their fertility. Much of Latin America and some Middle Eastern countries fall in this category.

28. Type C countries are the reverse of Type B: a strong commitment on the part of the government to control population growth (often without commensurate administrative capability because these are generally quite poor countries) in a socio-economic environment that may not be conducive to rapid fertility decline because of high rates of illiteracy, infant mortality, and lack of opportunities for women outside their traditional childbearing and child-rearing roles. Surveys usually show desired family sizes of more than four, and often six or eight, children. Yet, even in such countries, there will be substantial numbers that will be interested in controlling fertility. These are typically urban dwellers and others in the modern sector of the economy, and women who have already borne many children and who want to terminate childbearing. Some years ago, before data from sources such as the World Fertility Survey and the Demographic and Health Surveys were available, demographers generally underestimated the number of such couples. Today, we know that these numbers often are substantial and that, if program effort is strong, investments in family planning programs usually will yield significant results. However, it is also true that, even with extremely strong political commitment, fertility is likely to fall more slowly than in Types A and B countries. This is why some Type C countries have been willing to contemplate, and in some cases implement, special efforts

such as incentive schemes (Chomitz and Birdsall, 1990) and even, unfortunately, coercive measures to accelerate fertility decline. Examples of Type C countries are most of north India, Bangladesh, Zimbabwe, and Kenya. A growing number of other African countries are also now beginning to enter this category.

29. Finally, Type D countries are those in which socio-economic conditions are not conducive to rapid or sustained fertility decline and where governments are not prepared to support programs of fertility control or family planning. Where family planning services exist, they tend to be provided by the (often very small) private sector, including NGOs, although in some cases governments do provide family planning as part of primary health care or maternal and child health services. But the services are normally rudimentary because most of these countries are very poor and generally are unable to deliver government services effectively. In the short term, policy dialogue is the first priority in such countries to try to move them toward Type C. One often-effective parallel approach to improved policies is to mount pilot or demonstration family planning programs to convince policymakers that there is demand for such services, that they are socially acceptable, and that they are within the government's capability to deliver. Over the longer term, of course, collateral investments to modify the indirect determinants of fertility will be required to increase overall motivation for small families. Several Sub-Saharan African and Middle Eastern countries remain Type D.

30. This paper is not the place to try to prescribe specific strategies for dealing with individual Bank member countries. That work is appropriately done in Operations. This framework can be helpful, however, in explaining the importance of devising different strategic approaches to countries in different, but not unique, circumstances and for suggesting the outlines of these approaches. It is also important to reemphasize here that over the past 20 years, there has been a major shift toward the upper left-hand corner of the matrix. Many countries which in the mid- to late 1960s were clearly Type C or D have moved into Type A. And many which in the early and mid-1970s were Type D or B have moved toward or into Type A. Program effort has been carefully studied by Mauldin and associates through the 1980s and, in a 1991 paper they say, "The most notable finding so far from this research is the marked upward shift in program effort scores since the early 1980s [the average country score increased by 34 percent]... The total number of countries with strong or moderately strong programs increased from 23 to 43, and the weak and very weak decreased from 65 to 45" (Mauldin and Ross, 1991). A sixteen-cell matrix in which the authors place countries by program effort and social setting, along with contraceptive prevalence, is presented as Table 1. Figure 5 shows the remarkable increase in contraceptive prevalence that occurred between 1960-65 and 1983 -- a trend that has continued into the 1990s. The demand for family planning, based on both improving living conditions and stronger governmental efforts to promote small families, is well established.

31. The foregoing framework is useful to the extent that the principal direct intervention it implies -- family planning -- actually works. Does it? The 1984 *World Development Report* stated: "For the single goal of reducing fertility, spending on family planning services turns out to be more cost effective (that is, it leads to the same fertility reduction at lower cost) than does spending on education, health (which reduces fertility by reducing infant mortality), and other programs." Of course, these other human development programs (in education and health) also serve additional goals. Therefore, these programs should not be seen as alternatives to one another, but rather as complementary interventions, each of which reinforces the effects of the others. This is so because the indirect determinants of fertility (health, education, etc.) must operate through the proximate determinants (age at marriage, contraceptive use, exposure to the risk of conception, etc.), of which contraceptive use is the most important.

32. Bongaarts, Mauldin and Phillips (1990) recently carried out a comprehensive review of the available evidence on the demographic impact of family planning programs. Their conclusion: "... the large international effort to implement family planning programs has been quite successful in attaining many of its objectives. By making contraceptives more readily available and by encouraging smaller families, public and

Table 1. Contraceptive Prevalence in Developing Countries by 1985 Socioeconomic Setting and 1989 Family Planning Program Effort

SES	FAMILY PLANNING PROGRAM EFFORT: STRONG		MODERATE		WEAK		VERY WEAK OR NONE		Row Total
HIGH	Taiwan	78	Mauritius	75	Brazil	65			
	Korea, Rep.	77	Singapore	74	Jordan	27			
	Mexico	53	Costa Rica	68					
	Sub-total	69	Colombia	63	Sub-total	46			
			Panama	61					
			Cuba	60					
			Jamaica	55					
			Trin. & Tob.	53					
			Sub-total	64					62
UPPER MIDDLE	China	72	Malaysia	51	Turkey	63			
	Thailand	68	Domin. Rep.	50	Paraguay	44			
	Sri Lanka	62	Peru	48					
	Tunisia	50	S. Africa	48	Sub-total	54			
	Indonesia	48	Ecuador	44					
	El Salvador	47	Philippines	44					
	Botswana	33	Zimbabwe	43					
	Sub-total	54	Egypt	38					
			Algeria	36					
			Guatemala	23					
			Sub-total	42					48
LOWER MIDDLE	Vietnam	53	Honduras	41	Bolivia	30	Liberia	6	
	India	45	Morocco	36	Haiti	10	Ivory Coast	3	
	Sub-total	49	Kenya	27	Papua, N.G.	5			
			Ghana	13	Nigeria	5	Sub-total	5	
			Pakistan	7					
					Sub-total	13			
			Sub-total	25					22
LOW	Bangladesh	31	Nepal	14	Togo	12	Sudan	9	
					Senegal	12	Malawi	7	
	Sub-total	31	Sub-total	14	Rwanda	10			
					Benin	9	Sub-total	8	
					Burundi	9			
					Uganda	5			
					Mali	5			
					Sierra Leone	4			
					Sub-total	8			11
Column Total		55		45		20		6	37

Totals weighted by: UNIT WEIGHTS

Source: Mauldin and Ross, 1991

private sector programs have increased the use of contraception which in turn has led to reduced fertility and population growth." They go on to say, in much the same manner as the 1984 WDR, that "...[the amount of] fertility reduction that can be achieved with a given program effort in a particular country depends on the level of development of that country." They then estimate the effect of family planning programs in terms of the fertility rates that could be expected to have occurred in the developing world in the absence of organized family planning programs, and conclude that such programs reduced actual fertility by 1.2 births per woman during the period 1980-85. Cumulatively, between 1965 and 1990, there were an estimated 412 million fewer births than would otherwise have occurred. Projecting forward on the basis of current information about unwanted births (i.e., 21 percent of current births reported to be unwanted), they calculate that by simply averting unwanted births through effective family planning programs, the global population in 2100 could be 7.8 billion rather than the 10 billion estimated in the Bank's own projections. (In the absence of any organized family planning programs, they estimate that global population would grow to 14.6 billion by 2100.) Of course, it will not be possible to prevent all of the unwanted births, but, according to this analysis, even partially effective programs could produce significant declines in fertility and a much smaller population by the end of the next century than would otherwise be the case.

Lessons Learned from Family Planning Program Experience

33. As is noted above, a great deal has been learned about the design and implementation of effective population projects in recent years. The vast literature which has accumulated on family planning program effectiveness will soon be available in summary form through the family planning effectiveness study referred to in footnote 1. Also, the recent OED study of Bank performance in several countries will soon be available. What follows is a brief overview of some of the most important lessons learned, which can guide the design of an enhanced Bank effort in the population field.

34. The quality of family planning services is crucial. Simply providing contraceptives is not enough. The more closely such services are linked to maternal and child health and nutrition programs, and the more care is taken in training administrators, supervisors, and field workers to respond to clients' perceptions and needs, the more acceptable and effective family planning services will be. The most successful programs in the longer term are those which emphasize comprehensive counselling on contraceptive methods and which assure informed choice among a reasonably broad range of methods in a completely non-coercive atmosphere.

35. Government commitment, both as stated in public pronouncements and as manifested in allocation of administrative and financial resources, is important. This commitment becomes more important the less capable the private sector is of catering to the demand for family planning services. Bank projects have tended to be most successful in countries whose governments were fully committed to effective programs. In many countries, the Bank has played an important role in encouraging such commitment. Examples are Rwanda, Kenya, Zimbabwe, Bangladesh, Nigeria and Mexico.

36. While the Bank has a comparative advantage in such infrastructure components of population programs as the construction of physical facilities, the most successful projects have been those where Bank resources have also financed such "software" and recurrent costs as training, transport, management information systems, and contraceptive supply. The recently completed OED reviews of the Bank's contributions to the population programs in Indonesia, Bangladesh, and Kenya strongly support this conclusion.

37. It is generally better to attempt to strengthen existing institutions than to try to bypass them by creating new ones. Even a weak Ministry of Health can do a great deal to undermine the effectiveness of a new agency that is established to administer family planning services. The slower start-up of a program

that depends upon substantial institutional strengthening is more than offset by subsequent performance. The examples of Pakistan and the Philippines, where separate, parallel agencies were created to administer implementation of family planning services, and which are documented in recent sector reviews, support this conclusion. (The successful case of Indonesia, where a separate agency, the BKKBN, was created solely to manage the population program, appears to be unique.)

38. Private and nongovernmental institutions play a particularly important role in most countries in the delivery of primary health care and family planning services. Where family planning remains a politically sensitive topic, as in much of Latin America, Africa, and the Middle East, these organizations often play the leading role as service providers. In such countries, Bank projects tend to be more successful to the extent they involve such organizations. Support for NGOs has been successfully incorporated in many second and third generation Bank population projects, among other places in Kenya, Bangladesh, and Zimbabwe.

39. The most successful population programs (e.g., Indonesia, Thailand, Colombia) are those which include effective monitoring and evaluation systems. The Bank has done comparatively little in this field and, as is suggested below, should consider doing a good deal more. Effective monitoring and evaluation systems not only help managers track performance and impact, they also can contribute importantly to institutional morale and esprit.

III. IMPLICATIONS FOR THE BANK

40. In recent years there have been several reviews of Bank performance in population. They are summarized in the Annex. Two main conclusions can be drawn from those reviews that bear directly on future activities. First, no satisfactory indicators exist to evaluate objectively the Bank's performance -- a major reason for the lack of consensus about this performance. Performance can be measured in terms of both "level of effort" (number of projects, volume lent, numbers of population sections of analytical reports, etc.) and "impact" (numbers of new service delivery sites established, numbers of new acceptors of family planning services, contraceptive prevalence, fertility change, etc.). Since, to date, Bank population projects have not consistently set their objectives at this "impact" level, it is very difficult to judge performance by that criterion. That leaves "level of effort," but most would agree that the indicators here are seriously deficient because techniques for measurement are flawed by the lack of definition of what constitutes "population" lending, and very little effort has been made to measure it separately.

41. Even more problematic is how to judge the impact of non-PHN lending on fertility objectives. It seems sensible not even to attempt this in the case of lending for agriculture and industry, or for infrastructure projects in general, since the links between employment and productivity gains, on the one hand, and fertility on the other, are impossible to quantify. The links between social sector lending and fertility are more direct, but similarly difficult to measure quantitatively.

42. Notwithstanding these definitional and methodological problems, what can be said about the Bank's performance in the population field? Granted the difficulty in comparing achievements over time in a constantly changing and often difficult external environment, the evidence from recent OED work is that the Bank's overall contribution in population improved over the 1970-1987 period. Since the 1987 reorganization, the overall trend remains one of modest improvement (at least in sector work and lending). OED-sponsored reviews of individual countries conclude that in some -- Indonesia, Bangladesh, Kenya -- the Bank's projects became more focused on those elements which have emerged from experience as the most critical for increased contraceptive use and decreased fertility. training, especially of field staff; transport and logistics; management information; and contraceptive supply. Moreover, this improvement in quality has taken place while both lending for population and the number of population projects have been increasing (see Appendix Table A-2 for detail on FY86-FY91 population lending). Population, as a specific program area, has grown and PHN as a whole has expanded even more.

43. The second conclusion is that there is both scope and opportunity for the Bank to build upon these recent advances to enhance its efforts in the population field. A broad consensus exists on this point between Bank critics, management, and staff: external need and Bank potential both argue for an expanded and more effective effort in population and family planning. Recent substantial increases in lending are indicative of strong demand from borrowers for population program assistance as the gap between demand and the traditional sources of funding -- bilateral donors and the UNFPA -- widens. The recommendations that follow are thus offered in the context of a strengthening record of performance. They are intended to reinforce this record and to point to ways in which the Bank can be even more effective as its resources become more central to the achievement of countries' population policy objectives.

Incorporating Population More Fully Into Economic Work and Policy Dialogue

44. The Bank has a potentially major role to play in bringing population issues to the fore in policy analysis and policy dialogue. In many countries, rapid population growth continues to undermine government efforts to improve education and health, to preserve the environment, and to create enough jobs to

accommodate the rapidly swelling work force. While apocalyptic predictions such as those in The Population Bomb and The Limits to Growth have not materialized and are unlikely to do so, populations which are growing at between 2 and 4 percent per year -- doubling every 17 to 35 years -- are in many instances overwhelming governments' abilities to maintain current living standards, much less make progress.

45. The devolution of program strategy development to Country Departments, with support from Technical Departments and PRE, provides an opportunity for the Bank, as never before, to deal with population as an integral component of country operations. In the large number of countries where it is an important development issue, population should be treated as a key component of country economic work, and not left entirely to sector staff, whose expertise and responsibilities generally relate to health and family planning services. In addition, PRE should give high priority to cross-national research, particularly on such still poorly understood questions as the consequences of rapid population growth for environmental sustainability.

46. High fertility is not only a macroeconomic issue, as pointed out earlier. It has extremely important implications at the family level as well and, therefore, for efforts to reduce poverty. It is not sufficient to focus the policy dialogue exclusively at the macro level. A strong case can be made about the benefits of reduced fertility for the family, in terms of the health of the mother and the children already born, their nutritional status, access to education, family income, alternative opportunities for women (such as employment outside the home), and other reasons.

47. Because population-development relationships are multi-faceted and complex, they must be handled in a country-specific way. Operations, indeed, the Country Departments, have primary responsibility for defining population issues and for designing appropriate population strategies. Africa, for example, has undertaken a whole series of initiatives, including the Long-Term Perspectives Study, the Capacity-Building Initiative, the McNamara speech to the African Leadership Forum, the "agriculture, environment, population nexus" work, the establishment of its regional population task force, and the recent decision to add several population staff positions in the Technical Department. In addition, it has prepared a regional population strategy and a series of very specific country action plans. Its analytic work and policy dialogue have contributed importantly to policy change in Nigeria, for example. Asia has produced a discussion note on future population lending and has embarked on an ambitious regional sectoral review. It has produced an excellent population sector study on the Philippines. EMENA has within the past year produced a comprehensive population strategy for the Maghreb countries and an analytical piece on Islam and family planning.

48. LAC's approach advocates that where population is a politically sensitive subject, or where fertility rates are not excessive, the Bank should not insist upon demographic objectives but rather should promote family planning as an important health measure, as a basic right of couples, and as a measure to help alleviate poverty. Sector work in Brazil has linked family planning and women's health in a powerful and imaginative analysis.

49. Whether or not general fertility reduction is a politically acceptable or developmentally essential objective, discussing family planning as an aid to individual families in realizing their family size objectives is important and fully justified. In addition, wherever possible, and where the Bank's own analysis clearly indicates that population growth is seriously undermining a country's ability to achieve other development objectives, the Bank should not hesitate to share these views with policymakers in the borrowing countries. High fertility is both a macro and a micro issue.

50. Because a few governments, pressed hard by perhaps overly zealous advocates in earlier years, instituted population policies that crossed over the threshold of voluntarism and into the realm of coercion, there is today considerable concern about strong advocacy in favor of reduced population growth. Some critics, including many in donor countries, equate such advocacy with infringement of individual freedoms. In fact, because in most high fertility countries demand for contraceptives and family planning services is stronger than was generally supposed 10-15 years ago, it is possible to advocate strong demographic policies in a purely voluntary program context. The ideal approach for the Bank today is to attempt to persuade governments that, by responding to the felt needs of their people, especially women, for the means to control their own reproduction, they will have also taken the first major step toward reducing the rate of population growth. By linking the social goal of fertility reduction with the individual goal of reproductive freedom, the Bank can help to reduce the likelihood that member countries will resort to coercive measures. Indeed, successful voluntary programs today will substantially reduce the probability that governments will feel compelled by circumstances to introduce coercive programs tomorrow. Similarly, there are countries where population is a serious problem where the subject has not entered into the highest-level policy dialogue between the government and the Bank.

Resource Requirements and the Future Role of the Bank

51. Resources are scarce, particularly concessional aid flows. The primary responsibility must, of course, lie with the developing countries themselves. But, beyond leadership in policy dialogue, the Bank will have a large role to play in both mobilizing additional grant funds (e.g., via donor coordination and co-financing) and in direct financing. There is also substantial evidence that more Bank resources could usefully be devoted to family planning programs, as Part II of this paper indicates and as recent increases in lending levels confirm. Country Departments, Regional leadership, and the President, can play an important role in actively encouraging developing country governments and other donors to increase funding for family planning programs as part of increasing aid flows and redirecting resource use to efficient, high priority activities. This is consistent with the approach set forth in the 1990 WDR on poverty and subsequent Bank policy statements.

52. Countries which by now have strong antinatalist policies and well established family planning programs are especially strong candidates for World Bank financing -- IDA credits and IBRD loans. Most of these are in Asia and are already borrowing a portion of their external financing for family planning activities from the Bank, although the bulk of grant money for population also still goes to Asia. The Bank can assume a leadership role in opening discussions with these countries and with the major donors about increasing grant and near-grant resources for other countries -- those less able and/or willing to borrow for family planning but where funds are urgently required. The beneficiaries of such an increase would be primarily in Africa, with some EMENA (e.g., Yemen, Afghanistan, Pakistan) and a couple of LAC countries (Bolivia, Haiti) also benefitting. This is not to suggest that IDA reduce its population efforts in Africa or in the other high fertility areas mentioned above. Rather, it is to suggest that the Bank use the process of donor coordination to help rationalize the allocation of global population resources in a more efficient and, ultimately, more effective manner. If, in addition, the Bank were to try to increase bilateral grant co-financing or parallel financing of its family planning operations in Asia and in other countries with well-established policy commitment and programs, this might well result in an overall increase in total grant resources for family planning. The DAC would probably be an appropriate forum for this discussion. Thus, as in all sectors, lending for family planning should be designed to gradually phase out, first as the government and the private sector assume responsibility for recurrent local costs, and ultimately as they assume responsibility for foreign exchange costs as well.

Specific Proposals for Immediate Action

53. First, Country Departments should be sure that country strategies include attention to population issues wherever demographic pressures are a problem. It would be useful for Country and Technical Departments to work together to see what additional things should be built into work programs to strengthen analyses, dialogue, or lending. (An assessment of the treatment of these issues in recent Country Strategy Papers and ESW would be helpful in this regard.) Such analysis would include assessing the impact of population change on other development parameters and examining the policy options for bringing demographic factors into balance with development objectives -- in other words, treating population as a macroeconomic variable. In most cases, it would mean examining the impact of high fertility and rapid population growth on the development aspirations of the member country and examining the potential demographic impact of alternative programs in such areas as agriculture (e.g., land inheritance systems), health (e.g., maternal and infant mortality), and education (e.g., female primary education). But in other cases, population movement, or mortality, or age structure may prove to be of greatest significance. The point is that population dynamics -- changing demographic variables -- are extremely important in planning for economic development, whether one is looking at Haiti's high fertility, or Uganda's rapidly rising mortality because of AIDS (which is having increasingly important demographic consequences in many countries), or Hungary's aging population, or rapid urbanization in Cote d'Ivoire. Obviously, where such analysis has already been competently done by others (e.g., the countries themselves, USAID, UNFPA), it need not be duplicated by Bank staff.

54. Where such analysis demonstrates that population growth represents an important obstacle to the achievement of other development objectives, where high fertility is shown to have deleterious effects on large numbers of households, and where governments are deemed to be doing too little in response, population action plans could be prepared.

55. Second, Regions could take steps to further encourage, assist, and monitor regional performance. Unless this is done, it is unlikely that the recommendation for strengthened analytical work and strategy formulation will fare any better now than it did following the 1976 Freedman and Berelson report (see references), which made essentially the same point. To this end, each Region could consider establishing a senior population position. These senior regional population staff would contribute substantially to an increase in the level and quality of population work. (This seems less necessary for Africa which already has, de facto, such a position and a very active program.)

56. Third, population training for country and lead economists would be useful to carry out the increased and improved analytic work. A Bank-wide training program for both economists and managers began in the spring of 1991 and merits strong continuing support.

57. Fourth, we need to begin to think more consistently about population objectives. As is pointed out above, for years the effectiveness of many of the Bank's population projects has been difficult to assess because their objectives have not been made explicit. Rather than being preoccupied with the volume of lending or the number of projects in the population field, or the proportion of each PHN project that is actually for population, the Bank needs to focus on impact. Do those projects, whatever one calls them, contribute to increased availability of services, increased prevalence of contraceptive use, and, ultimately, reduced fertility, maternal and infant mortality and morbidity? Appropriate PHN projects should be carefully reviewed to be sure that they have explicit population objectives, consistent with those of the country itself. It is not easy to attribute fertility decline, or even increased contraceptive prevalence, to a single project, but if the project represents a substantial element of a country's population program (as Bank projects usually do), it is not unreasonable to infer that a substantial share of any observed change is attributable to the

project. Making careful provision for data collection and analysis (e.g., strengthened service statistics systems and periodic surveys) can be helpful in this regard. An impact evaluation component in population projects could also assure greater attention to basic objectives.

58. Fifth, a strengthened analytical base and strategy will need to be operationalized. A potentially useful tool to assist Regions and Country Departments in assigning priorities and allocating resources would be a regional population overview that: (a) categorizes countries according to population policy and program status, (b) evaluates demographic objectives for each country and, where they don't exist, suggests realistic objectives for the short (5-10 year) and medium (10-20 year) terms, (c) spells out the Bank's role in helping to achieve these objectives, both within and beyond family planning measures, and (d) identifies the resources, financial and human, required to achieve them. If such an approach were followed, the staff development and staff enhancement implications of each strategy would emerge from the analysis itself. In practice, these additional needs would have to be weighed against competing priorities in each CD and Region, as part of the ongoing process of developing work programs. It would also be useful, for this as for other sectors, to measure total demand for extra resources before these tradeoffs are made, to live within existing tightly constrained budgets. But, as a minimum, unless there are compelling arguments to the contrary (e.g., no countries in the Department with demographic problems), each PHR SOD probably ought to have one population specialist and each TD at least two.

59. Finally, the Bank has been criticized for its Headquarters-based style of project management, especially in the social sectors. The critics argue that, even more than in other areas, social sector projects require close and continuous monitoring. Some of the Bank's more successful population and health projects have, in fact, included provision for resident management staff (e.g., Bangladesh and Kenya). The experience of other donors also suggests a strong relationship between the intensity of in-country management effort and the effectiveness of the projects. A recent set of papers prepared for an OED review of the Bank's population work concludes, nearly unanimously, that the Bank could have been considerably more effective had it deployed specialized staff in resident missions to assist in implementing these projects. Notwithstanding the apparent high cost of doing so, some Country Departments have put PHR staff in Resident Missions; this may be feasible in other cases. There are also other ways of addressing this issue where using Bank staff is unnecessary or infeasible, by building funding into projects to hire people for this purpose or by using other donor staff, through co-financing mechanisms or otherwise, to monitor and assist in project implementation. Over the longer run, the Bank must continue to help develop the local country capacity to manage population programs, but, in the interim, resident advisers can be very helpful both to assure effective program implementation and to transfer the skills through which local capacity is built. The long-term benefits would be significant and the cost small in comparison.

Recapitulation of Recommendations

Immediate

1. Strong analysis of population issues in appropriate CSPs and in ESW programs, including selected CEMs.
2. Population action plans where analytical work demonstrates a need; consideration given to establishment of Population Coordinators in each region to monitor and assist in analytic work and preparation of action plans; prepare regional population overviews, including staffing implications.
3. High priority to population training for managers and lead and country economists, as well as to technical staff.

4. Explicit population impact objectives in free-standing population projects and in population components of PHN projects, and careful impact evaluation.
5. More use of resident advisers in the field to assist in and monitor implementation of population projects.

Longer Term

6. Bank leadership in donor coordination to increase flows and effective use of resources to population activities as part of overall efforts to implement the WDR poverty reduction strategy. Also, build a consensus for Bank loans to gradually displace grants to larger, more mature population and family planning programs, freeing up grant funds for newer programs which enjoy less secure political support.

FIGURE 1

IBRD 23326

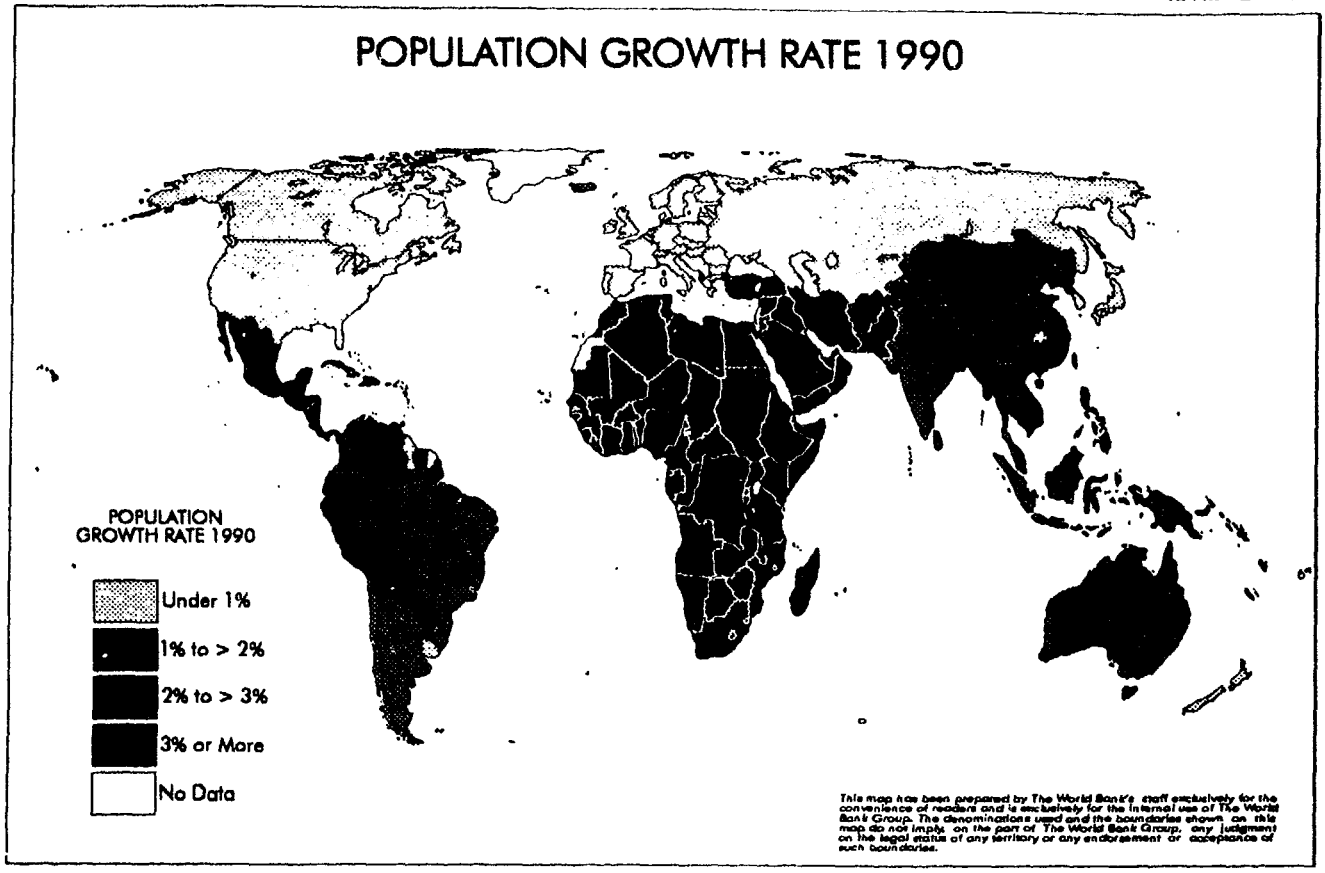

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FIGURE 2

IBRD 23325

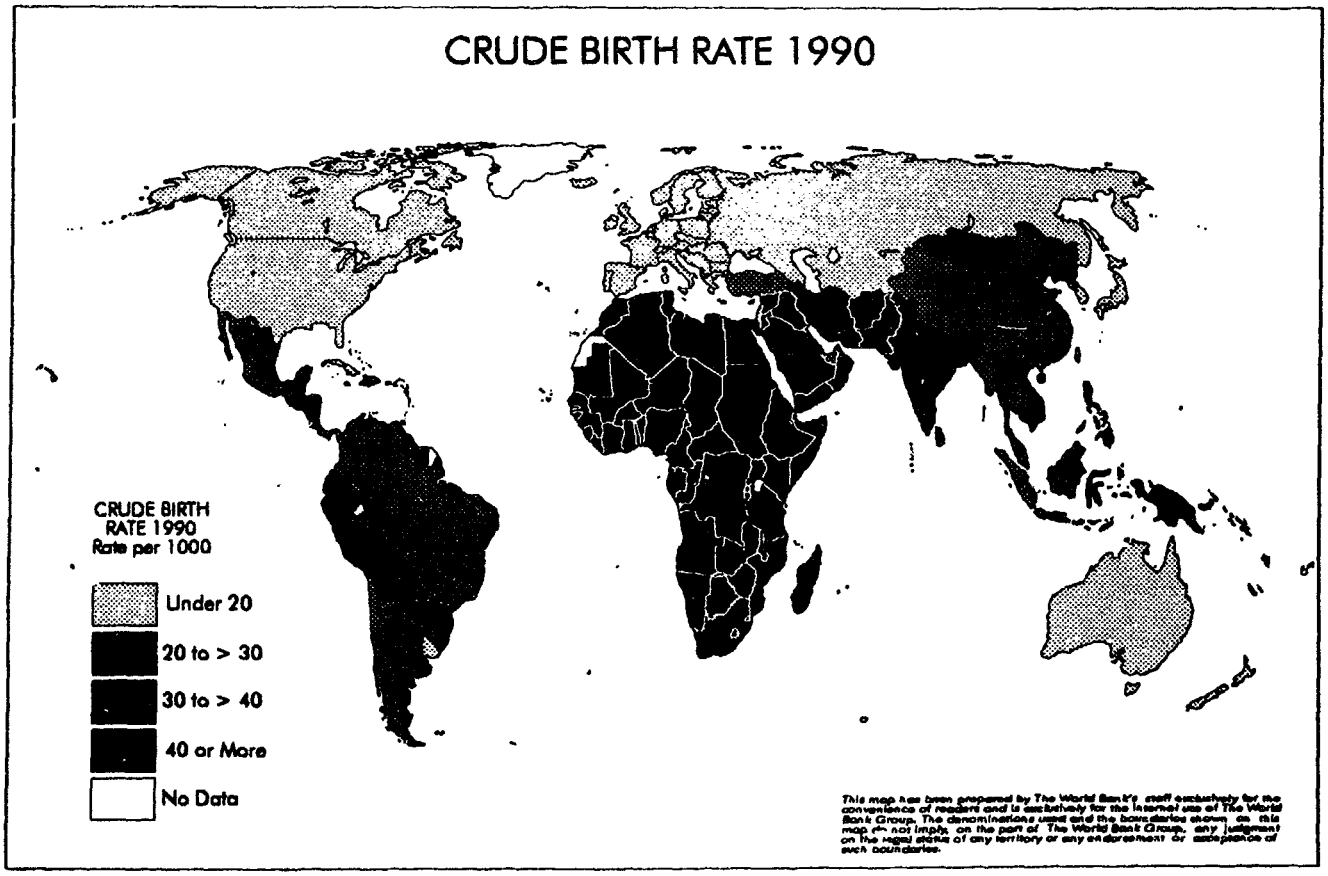

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FIGURE 3

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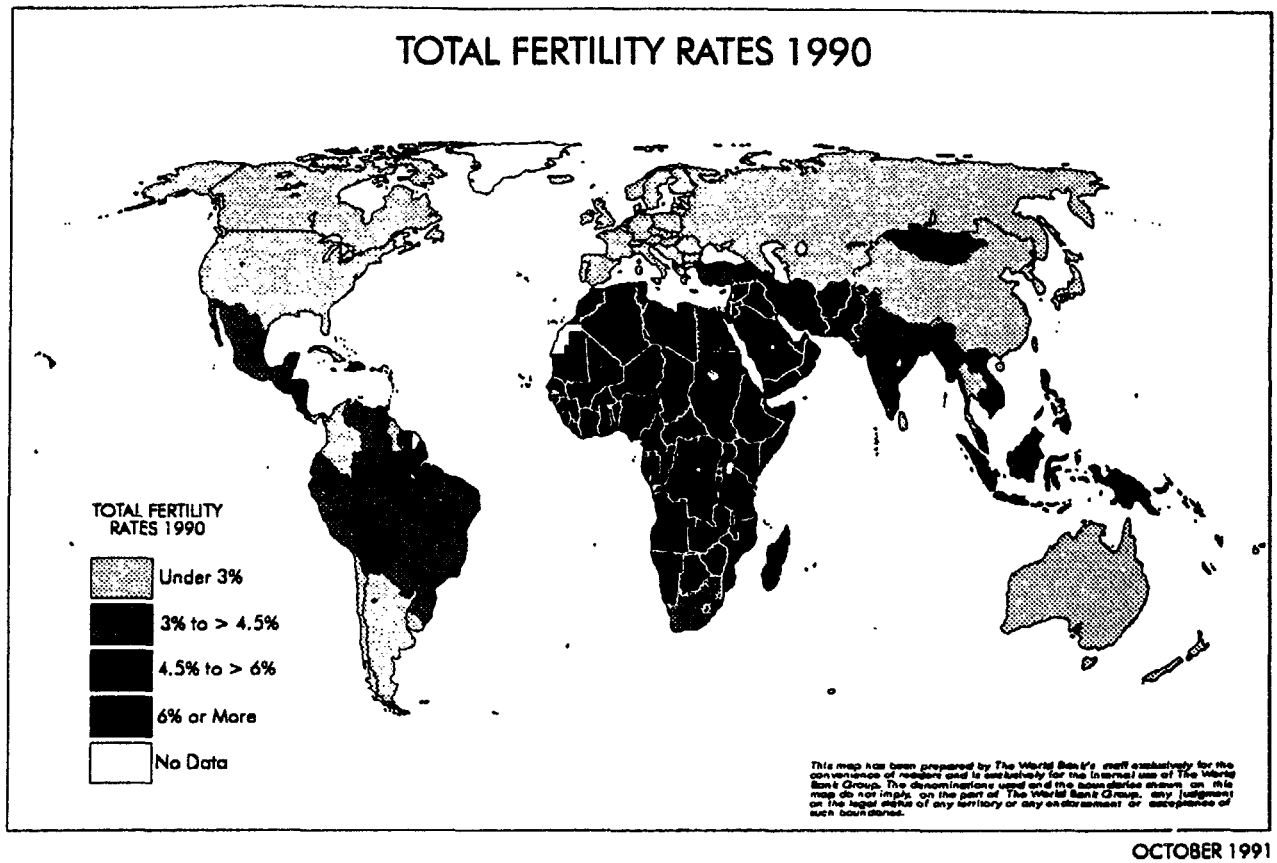

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FIGURE 4

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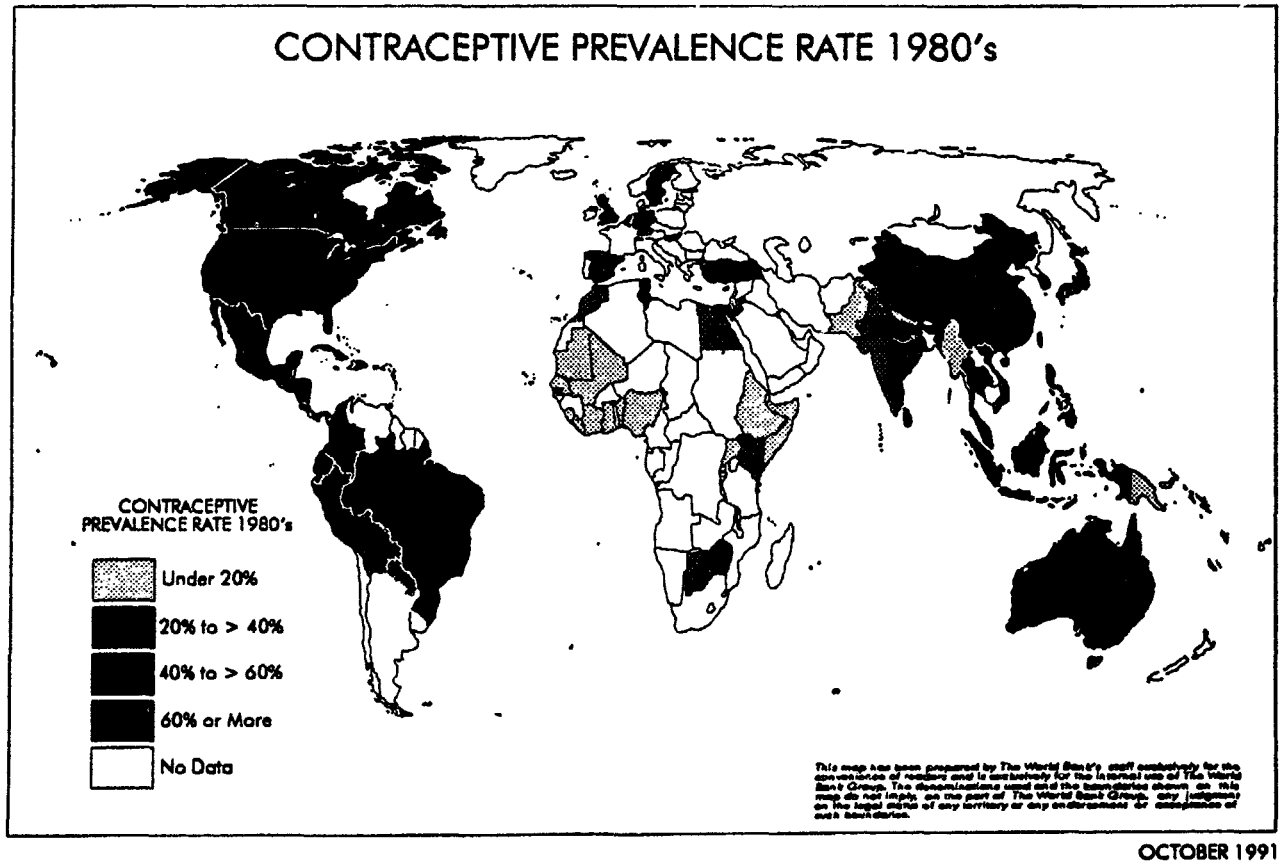

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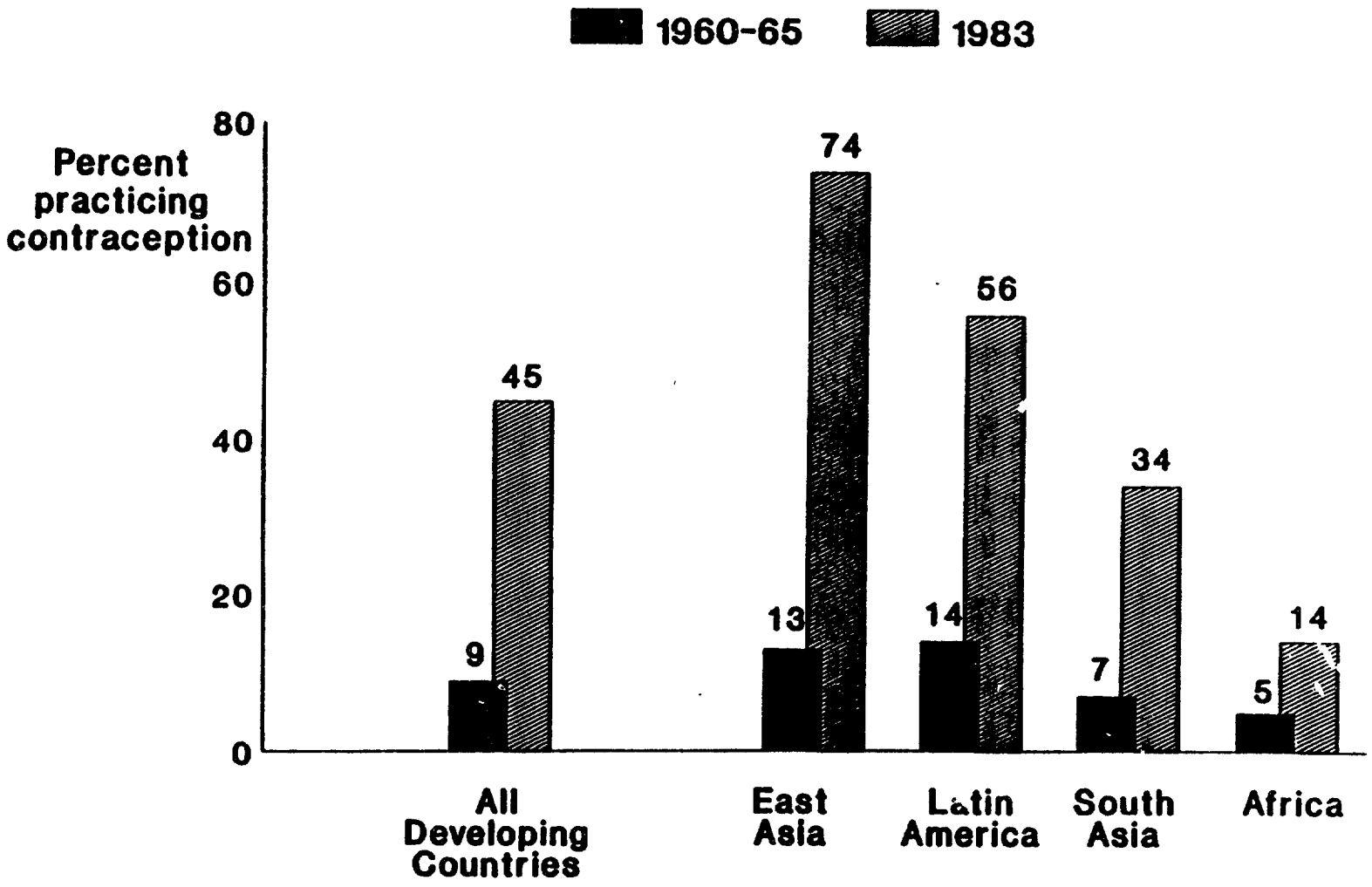
FIGURE 5: TRENDS IN CONTRACEPTIVE PREVALENCE, BY REGION



Source: United Nations, 1989

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ANNEX: OVERVIEW OF THE BANK'S RECORD IN THE POPULATION SECTOR FROM 1970 TO THE PRESENT

1. Population Projects Department, 1970-1979. Table A-1 provides the details of Bank lending for population, health and nutrition (PHN) from its inception in 1970 to the present. From 1970-1979, 22 projects in 15 countries were approved by the Board; 19 had the title of population projects and three, nutrition projects. Despite senior management's assertions about the high priority of assisting countries to reduce their population growth rates, there were relatively few population projects during this period. Several reasons have been given: a) country demand was weak; b) grant funds from other sources were plentiful; c) the Bank was still defining its role in the field; d) in-country capacity for population project preparation was weak; e) there was a lack of incentives for staff to mount operations in this difficult and sensitive area, especially as the Population Projects Department was centrally managed and not part of the regional "family"; f) there was a lack of commitment on the part of some managers and staff; and g) resource-intensity (staff time, administrative budget) of population projects was high. The projects were designed and justified on the basis of their population objectives but usually, and quite reasonably, included large investments in the health infrastructure required for national family planning programs. This fact is important in reviewing the record because it complicates the comparisons with operations after the Board approved direct lending for health in 1979.

2. A major review of the Bank's population work, the Berelson Report of 1976[1] concluded that population issues were not adequately addressed in overall policy dialogue with borrower countries and should be included "on a substantial and consistent basis in the country economic reports." As a result, a directive to this effect was issued as an Operational Manual Statement in September 1977. In December 1978, Berelson and Freedman observed in a follow-up report[2] to the Bank: "We are disappointed that more progress has not been made in the involvement of country economists themselves." Nor was much sector work carried out during this period.

3. The Population Projects Department was successful in contributing to policy breakthroughs in a number of countries, including some, like Mexico, in which projects were not financed by the Bank. Most of the operations (11 out of 19) were in Asia, which also accounted for three of the projects given a "good" rating for institutional development in Project Performance Audit Review/Project Completion Reports (PPARs/PCRs): India I, Indonesia I and II. Operations were relatively limited in Africa, LAC and EMENA but some projects here too were judged in PPARs/PCRs to have been relatively successful, e.g., the Dominican Republic. In Africa, the Kenya project was the only population operation approved in the 1970-1979 period.

4. Many of the reports and reviews of the Bank's population efforts, then as now, cited factors in the Bank operational mode as not well suited to the particular requirements of the sector. Prominent among these were the Bank's preference for large projects, which does not fit well with the relatively small investment needs (especially for foreign exchange) of population projects; the difficulty in working outside of the public sector, e.g., in support of the highly successful non-government organization (NGO) efforts in population in

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[1] Bernard Berelson, et al (1976). External Advisory Panel on Population. Final Report. World Bank SECM76-647, Washington, D.C.

[2] Bernard Berelson and Ronald Freedman, "A Review of the Implementation of the Recommendations of the External Advisory Committee on Population," December 1978.

many countries; and the mission approach to project preparation and supervision, resulting from the lack of field presence.

5. In late 1979, the Bank approved direct lending for health, which had been limited previously to support for components of projects in other sectors. A major reason for this policy change was to facilitate population operations. The February 1980 Health Sector Policy Paper specifically argued that health lending to countries without formal policies on family planning would afford opportunities for dialogue on population issues and for supporting family planning services through the health care system.

6. Population, Health and Nutrition Department, 1979-1987 The creation of the Population, Health and Nutrition Department in late 1979 thus formalized to a considerable extent what was already happening anyway: many health activities were being financed by population projects because of the natural complementarities between health and population interventions. But the considerably larger staff now assigned to work in the PHN sector led to a significant net increase in the Bank's population activities as can be seen by:

- more sector work: sector work increased from approximately two population reports per year in the 1970s to an average of nine PHN reports per year from FY81-FY87; population figures prominently in this work, e.g., 30 out of 50 PHN sector reports prepared in FY82-85 included population, and six reports focused exclusively on it;

- more lending: lending increased from 22 population and nutrition projects totalling US$366 million for FY70-79 to 45 PHN projects totalling US$1,209 million for FY80-87 (see Table 1), of which US$425 million was for population[3];

- more policy dialogue: the PHN Department was active in more countries than its predecessor, with a broader mandate (and a much larger staff).

7. But was more better? What can be said about quality and impact? The 1987 Population Lending and Sector Review, conducted by consultants Simmons and Maru, concluded that the quality of sector work done by PHN was higher, on the basis of a comparison of reports written pre- and post-1979. The Review of PHN Sector Work and Lending in Health, 1980-85 (hereafter referred to as the Health Sector Review) did not compare sector work in the pre- and post-1979 period, but did conclude that "PHN sector work increased in comprehensiveness, depth of analysis and overall quality over the five year period." As to project work, it is difficult to say how quality has changed over time. Neither the 1976 nor the 1978 Berelson report dealt explicitly with this point. Simmons and Maru summarized the impact of Bank population projects as follows, similarly eschewing an evaluation of quality over time:

> "There seems little doubt that the Bank's population projects have made substantial contributions to the development of population policies, to the establishment of the physical and human infrastructure necessary to implement programs in accordance with those policies, and to the implementation of those programs. The exact magnitude of the effects is almost impossible to measure. It is our belief that the contributions are substantial, but we are also convinced that these effects could have been larger if projects had been somewhat more flexibly designed and implemented."

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[3] Note, particularly, that PHN operations in Africa increased from one to seventeen countries between FY79 and FY87.

Twenty Bank-financed, free-standing population projects have been audited by OED. Not surprisingly, several of the early projects experienced difficulties for a variety of reasons: a changing environment, problems with technical assistance components, overambitiousness, design deficiencies, etc. However, the audit reports also provide strong evidence of successful outcomes of many population projects in varied country settings. The three audited population projects in Indonesia, for example, demonstrate a major contribution to that county's population program. The audit of the first Indonesian project reports that it "contributed greatly to strengthening the delivery system and the national family planning program." Similarly, the first Bangladesh population project is said to have made a major contribution to that country's population program. Audit reports of population projects in the Dominican Republic, India, Korea and Thailand attest to generally successful efforts in those countries. Partial success is reported in audits on projects in Jamaica, Kenya and the Philippines, while efforts in Egypt, Iran, Trinidad and Tunisia were less successful. Overall, the population projects audited have achieved a 60% "successful" rating according to OED, below the 81% for all sectors from 1974-1988, but certainly not compatible with the proposition that the Bank's experience in this sector has been a failure. To the contrary, OED reports make clear that the Bank has made substantial contributions to a number of national population programs and that the record has been consistently improving, especially since the early 1980s.

8. Less clear is the contribution of Bank lending for population in the 1980s, most of which occurred in "health" or "PHN" projects. The Simmons and Maru review represents the only detailed, external review of Bank population work in the 1980s, although OED commissioned a broad external review of several major country programs which is due to be published shortly. The Simmons and Maru review included visits to six borrower countries. The review gave a positive overall rating to the Bank's performance, while recommending several actions aimed at improvement. The Africa Region Population Task Force points to substantial progress in that region in the 1980s, in Kenya, Nigeria and Senegal, for example. And the number of projects addressing population issues greatly increased in the 1980s, although interestingly in PHN rather than free-standing population projects. Further judgement on the Bank's performance in the population sector in the 1980s must await the outcome of the current OED review and project audits. There are several reasons to suggest, however, that, other things being equal, the Bank's contribution increased in the 1980s: more sector work, policy dialogue in more countries, and a larger number of projects (though fewer free-standing projects).

9. It is even more difficult to gauge the impact and effectiveness over time of Bank efforts in policy dialogue. Simmons and Maru cited the crucial role played by the Bank in India and Indonesia in the early '70s and in Malawi in the early '80s. They and the Health Sector Review both cite moderate success in population policy dialogue in several African countries (Botswana, Cameroon, Lesotho, Zambia and Zimbabwe), and in a smaller number of countries in LAC (Brazil and Colombia) and EMENA (Jordan and Morocco). Simmons and Maru also note that "the Bank has played a particularly active role in the development of population policy dialogue at the regional level in Africa." Overall, they conclude that "the Bank has been relatively more successful in influencing policies at the beginning of a country program than at later, more mature program stages."

10. Most of whatever success was achieved depended on sector work rather than economic work and the overall macroeconomic dialogue, especially from 1980 on. In the 1970-1979 period, 12 of 28 PHN sector reports dealt with population in the context of country economic work, while from 1980-86, only six of 43 reports were in this category. Despite the 1977 OMS, population has rarely been given adequate attention in country economic work, right up to the present time.

11. Bank policy and research work in population was not reviewed very favorably in the 1976 Berelson Report ("good as far it goes but it has not gone far enough") but has been given higher marks since that time.

Simmons and Maru, for example, said, "The output of the Policy and Research Division is impressive. By the standards of outside research organizations, there is little doubt that the productivity of the Bank staff is distinguished." The World Development Report 1984 is widely acknowledged as a major contribution to the population field.

12. Population since reorganization, 1987 to the present How well has population fared since the reorganization? It was feared in the PHN Department that the population sector would not flourish in the new Bank, because of a lack of critical mass of population specialists in any one place, reduction in the central oversight of the sector, and the crowding out of population by the demand for health and nutrition lending in a more country-focused, decentralized institution.

13. In fact, PHN activity continues to increase both in lending and sector work. We have seen rises in the number of projects, in overall lending volume and in volume for population (free-standing population projects plus project components) (see Table A-2). PHN sector work increased, from 16 reports (including nine covering population, four exclusively) in FY88, to 29 reports (including 12 covering population, four exclusively) in FY89, and 32 reports (including 18 covering population, ten exclusively) in FY90. All country departments in the Africa region contributed to a "Report of the Africa Region Task Force on Population FY90-92" which sets forth a comprehensive population strategy. In addition, the Africa Region has produced a major "Agenda for Action to Improve the Implementation of Population Programs in Sub-Saharan Africa in the 1990s," based on a collaborative effort with the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF), the World Health Organization (WHO), and the African Development Bank.

14. Policy dialogue since the reorganization presents a mixed picture. Population has received inadequate coverage in economic work in all regions. The Africa Region reviewed 42 recently-completed country economic memoranda (CEMs): 17 included limited discussion of population as a macro-economic issue. Efforts to strengthen policy dialogue is the first recommendation (of four) listed in the Task Force report. The report also points out that "the Bank can take credit for its role in promoting policy changes in Kenya, Nigeria, and Senegal, which were accomplished through a sustained policy dialogue." In the LAC Region, population receives no prominence in CEMs, country strategy papers (CSPs), public sector expenditure reviews (PSERs), and similar documents. The Region's strategy emphasizes strengthening family planning programs rather than dealing directly with the issue of rapid population growth rates.

15. The Regions have numerous PHN projects in their pipelines. The EMENA Region is attempting to improve the treatment of population in economic reports, citing staff availability as the major constraint. It has 10 projects in the FY91-92 pipeline, five of which will have significant family planning activities. Asia Region's 8 PHN projects in the FY91-92 pipeline include two free-standing population projects and two population/health projects. LAC has 8 projects planned (including six multi-sector projects) and 23 are planned for the Africa region (four free-standing population projects and 10 population/health projects).

16. Policy and Research Population continues to receive high priority in the Bank's policy and research work in PRE and the Regions. In PRE, studies of family planning cost-effectiveness in Colombia and Indonesia have just been completed, and work has begun on a major family planning program effectiveness paper. A three-country study of the determinants of contraceptive use is underway which will examine the impediments to increased contraceptive use, as well as the ways to build family planning programs to get around these obstacles. Demographic projections are produced every year for the World Development Report and as a Bank-wide service; these are published in book form every two years. Finally the Bank has became a co-sponsor of the Special Programme of Research, Development and Research Training in Human Reproduction, with UNFPA, UNDP and WHO through which it is contributing a special grant of US$2

million a year in the quest for new and improved fertility control methods and for research capacity strengthening in developing countries.

17. Looking more closely at recent population lending, Table A-1 shows that in FY90, eight operations, including two free-standing projects, had substantial population components. Lending was $169.3 million, the highest year ever for population (see Table A-2). This lending, however made up only 21% of the Bank's overall lending in PHN, decreasing from 24% in 1989 and 27% in 1988 and 1987. The two free-standing loans included $35 million to Kenya to improve family planning services and the Information, Education, and Communications (IEC) aspect of their program. India received $96.7 million to strengthen family planning/MCH services in five states with particular emphasis on training and increasing the temporary family planning options available to couples. The Brazil health loan is also heavily targeted toward MCH/family planning services to poor women in the rural northeast.

Table A-1. BANK LENDING FOR POPULATION, HEALTH AND NUTRITION (PHN) PROJECTS
Fiscal Year 1970-1990

	Fiscal Year Approved	Project Total (US$m)	
Fiscal Year 1970-1979			
Jamaica I (P)	1970	2.0	IBRD
Tunisia I (P)	1971	4.8	IDA
India I (P)	1972	21.2	IBRD
Indonesia I (P)	1972	13.2	IBRD
Malaysia I (P)	1973	5.0	IDA
Iran I (P)*	1973	16.5	IBRD
Egypt I (P)	1974	5.0	IBRD
Kenya I (P)	1974	12.0	IBRD
Trinidad & Tobago I (P)	1974	9.4	IBRD
Bangladesh I (P)	1975	15.0	IBRD
Philippines I (P)	1975	25.0	IDA
Brazil I (N)	1976	19.0	IDA
Jamaica II (P)	1976	6.8	IDA
Dominican Republic I (P)	1977	5.0	IDA
Indonesia I (N)	1977	13.0	IDA
Indonesia II (P)	1977	24.5	IDA
Colombia I (N)	1978	25.0	IDA
Thailand I (P)	1978	30.0	IDA
Bangladesh II (P)	1979	32.0	IBRD
Egypt II (P)	1979	25.0	IBRD
Malaysia II (P)	1979	17.0	IDA
Philippines II (P)	1979	40.0	IDA
Total FY70-FY79		366.4	
Number of Projects		22	
Fiscal Year 1980-1987			
India I (N)	1980	32.0	IDA
India II (P)	1980	46.0	IDA
Indonesia III (P)	1980	24.2	IBRD
Korea I (P)	1980	30.0	IBRD
Tunisia II (P/H)	1981	12.5	IBRD
Brazil I (H)	1982	13.0	IBRD
Kenya II (P)	1982	23.0	IDA
Indonesia I (H)	1983	27.0	IDA
Malawi I (H/N)	1983	6.8	IDA
Pakistan I (P)	1983	18.0	IDA
Peru I (H)	1983	33.5	IBRD
Senegal I (H)	1983	15.0	IDA

* Iran Population Project was cancelled in 1977.

	Fiscal Year Approved	Project Total (US$m)	
Yemen AR I (H)	1983	10.5	IDA
Yemen, PDR I (H)	1983	7.6	IDA
Botswana I (H)	1984	11.0	IBRD
Brazil II (H)	1984	57.5	IBRD
Brazil (H)	1984	2.0	IBRD
China I (H)	1984	85.0	IDA
Comoros I (P/H)	1984	2.8	IDA
India III (P)	1984	70.0	IDA
Mali I (H)	1984	16.7	IDA
Burkina Faso I (H)	1985	26.6	IDA
Indonesia II (H)	1985	39.0	IBRD
Indonesia IV (P)	1985	46.0	IBRD
Jordan I (H)	1985	13.5	IBRD
Lesotho I (P/H)	1985	3.5	IDA
Morocco I (H)	1985	28.4	IBRD
Nigeria I (H)	1985	34.0	IBRD
Bangladesh III (P)	1986	78.0	IDA
Brazil III (H)	1986	59.5	IBRD
China II (H)	1986	80.0	IDA/IBRD
Colombia I (H)	1986	36.5	IBRD
Cote d'Ivoire I (H)	1986	22.2	IBRD
Ghana I (H)	1986	15.0	IDA
India IV (P)	1986	51.0	IDA
Indonesia II (N/Comm. H)	1986	33.4	IBRD
Niger I (H)	1986	27.8	IDA
Rwanda I (H)	1986	10.8	IDA
Sierra Leone I (P/H)	1986	5.3	IDA
Gambia (H)	1987	5.6	IDA
Guinea-Bissau (PHN)	1987	4.2	IDA
Jamaica (P/H)	1987	10.0	IBRD
Malawi (P/H)	1987	11.0	IDA
Oman (H)	1987	13.3	IBRD
Zimbabwe I (H)	1987	10.0	IBRD
Total FY80-FY87		1208.7	
Number of Projects		43	

	Fiscal Year Approved	Project Total (US$m)	
Fiscal Year 1988 - Fiscal Year 1990			
Brazil (H)	1988	109.0	IBRD
Burundi (P/H)	1988	14.0	IDA
Ethiopia (H)	1988	33.0	IDA
Guinea (P/H)	1988	19.7	IDA
India V (P)	1988	57.0	IDA
Kenya III (P)	1988	12.2	IDA
Sri Lanka (H/P)	1988	17.5	IDA
Uganda I (H)	1988	42.5	IDA
Benin (H)	1989	18.6	IDA
Brazil (H)	1989	99.0	IBRD
China (H)	1989	52.0	IDA
India(Family Welfare)	1989	124.6	IDA/IBRD
Indonesia III (H)	1989	43.5	IBRD
Mozambique (H/N)	1989	27.0	IDA
Nigeria (H/P)	1989	27.6	IBRD
Philippines (H)	1989	70.1	IBRD
Turkey (H)	1989	75.0	IBRD
Yemen, PDR II (H)	1989	4.5	IDA
Zaire (H)	1989	8.1	IDA
Kenya IV (P)	1990	35.0	IDA
Lesotho II (PHN)	1990	12.1	IDA
Nigeria (H)	1990	68.1	IBRD
Tanzania (PHN)	1990	47.6	IDA
India VII (P)	1990	96.7	IDA/IBRD
India II (N)	1990	95.8	IDA
Morocco (H/P)	1990	104.0	IBRD
Yemen AR II (H/P)	1990	15.0	IDA
Bolivia (H)	1990	20.0	IDA
Brazil II (H/P)	1990	267.0	IBRD
Colombia (N)	1990	24.0	IBRD
Haiti (H/P)	1990	28.2	IDA
Total FY88-FY90		1668.4	
Number of Projects		31	

TABLE A-2: LENDING FOR POPULATION BY REGION
Fiscal Year 1986-Fiscal Year 1990

Fiscal Year	Region	No. of PHN Projects	No. with Population Component[a/]	Total PHN Lending ($ million)	Population Lending ($ million)	Population Lending as % of PHN
1986	AFRICA	5	5	81.1	9.7	12
	ASIA	4	2	242.4	129.0	53
	EMENA	0	-	-	-	-
	LAC	2	1	96.0	0.3	-
	Subtotal	11	8	419.5	139.0	33.1
1987	AFRICA	4	4	30.8	7.9	26
	ASIA	0	-	-	-	-
	EMENA	1	0	-	-	-
	LAC	1	1	10.0	6.8	68
	Subtotal	6	5	54.1	14.7	27
1988	AFRICA	5	3	121.4	19.9	16
	ASIA	2	2	74.5	62.3	84
	EMENA	0	-	-	-	-
	LAC	1	0	109.0	-	-
	Subtotal	8	5	304.9	82.2	27
1989	AFRICA	4	2	81.3	0.4	5
	ASIA	4	1	290.0	24.6	43
	EMENA	2	1	79.5	0.4	3
	LAC	1	-	99.0	-	-
	Subtotal	11	4	550.0	125.4	23
1990	AFRICA	4	3	162.8	45.7	28
	ASIA	2	1	192.5	96.7	50
	EMENA	2	2	119.0	11.9	10
	LAC	4	2	339.2	15.0	4
	Subtotal	12	8	813.5	169.3	21
1991	AFRICA	11	9	412.8	135.3	33
	ASIA	5	2	507.5	165.8	33
	EMENA	5	2	249.7	39.5	16
	LAC	4	0	330.5	-	0
	Subtotal	25	13	1,500.5	340.3	23

a/ "Free-standing" population projects and PHN projects with population components.

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